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06/05/2006 MBIZUNE2 00000045 10800954				**	SENT	VIA	EXPRESS MA	IL **	(Depositor's na	ame)
01 FC:1501 02 FC:1504 03 FC:8001	1400.00 OP 300.00 OP 9.00 OP								(Signat	ture) Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENT					ATTORNEY DOCKE	ET NO.	CONFIRMATION NO.	
10/800,954	03/15/2004		s Massieu			480062.730C1		9957		
TITLE OF INVENTION: TWO-DIMENSIONAL SE		VICE AND PRO	CESS FOR			·,		DES, U	SING A	
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE PUBLICATION FE		ATION FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400	300			\$1700		07/07/2006		
EXAMINER		ART UNIT		CLASS-SUBCLASS						
FRANKLIN, JAMARA ALZAIDA		2876		235-454000						
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						<u>LL</u> C			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth ir (A) NAME OF ASSIGN Intermec IP C	an assignee is identified be 137 CFR 3.11. Completion EE		data will app		ent. If an signment.	OR C	OUNTRY)	w, the do	ocument has been filed	l for

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO	data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Intermec IP Corp.	Woodland Hills, California
Please check the appropriate assignee category or categories (will not be pu	inted on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government
4a. The following fee(s) are enclosed:	p. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
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Advance Order - # of Copies3	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $19-1090$ (enclose an extra copy of this form).
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature Revel Clout	Date <u>May 31, 2006</u>

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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